AMENDMENT TRANSMITTAL LETTER					Docket No. M4065.0087/P087-/	
Application No. 10/661,494-Conf. #7413		Filing Date September 15, 2003		Examiner L. Ye	Art Unit 2612	
Applicant(s): How		·····	15, 2003	L. 16	2012	
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Invention: ACTIVE	E PIXEL SENS	SOR WITH A D	IAGONAL AG	CTIVE AREA		
<u> </u>	тс		SSIONER FO	DR PATENTS		
Transmitted here						
The fee has been	calculated an					
	CLAIMS AS AMENDED					
	Remaining After Amendment	Number Previously Paid	Number Extra Claims Present	Rate		
Total Claims	27	- 17 =	10	x 50.00	500.00	
Independent Claims	7	- 4 =	3	x 210.00	630.00	
Multiple Depend	lent Claims (ch	eck if applicabl	e)			
Other fee (pleas	e specify): ٦	Ferminal Disclair	ner Fee under	37 C.F.R. 1.20(d)	130.00	
	ONAL FEE FO	OR THIS AME	NDMENT:		1260.00	
x Large Entity				Small Entity		
	I fee is require	ed for this amer	ndment.			
No additiona						
Please char		count No.		n the amount of \$ _	·	
Please charg	copy of this she	eet is enclosed	l.	_	·	
A duplicate c	copy of this she ne amount of \$	eet is enclosed	to cover	n the amount of \$ _ the filing fee is encl	osed.	
Please charge A duplicate of A check in the X Payment by	copy of this she ne amount of \$ credit card. Fe	eet is enclosed	to cover is attached.	the filing fee is encl		
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Please charge A duplicate of A check in the X Payment by X The Director as described	copy of this she ne amount of \$ credit card. Fo is hereby auth	eet is enclosed orm PTO-2038 norized to char plicate copy of	to cover is attached. ge and credit	the filing fee is encl Deposit Account No		
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Please charge A duplicate of A check in the Payment by The Director as described X Credit ar X Charge a Gianni Minutoli	copy of this she ne amount of \$ credit card. Fo is hereby auth below. A dup ny overpaymen any additional fil	eet is enclosed orm PTO-2038 norized to char plicate copy of nt. ing or applicatio	to cover is attached. ge and credit this sheet is e	the filing fee is encle Deposit Account No enclosed. fees required under 3		
Please charge A duplicate of A check in the X Payment by X The Director as described X Credit an X Charge a	copy of this she ne amount of \$ credit card. Fo is hereby auth below. A dup ny overpaymen any additional fil Reg. No.: 41,	eet is enclosed orm PTO-2038 norized to char plicate copy of nt. ing or applicatio	to cover is attached. ge and credit this sheet is e	the filing fee is encle Deposit Account No enclosed. fees required under 3	504-1073 7 CFR 1.16 and 1.17.	

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